



Linda A. Baumler
Personal Representative for the
Estate of Frederick S. Billig
12310 Hungerford Manor Ct.
Monrovia, MD 21770
301-831-6097

January 18, 2008

U.S. Patent and Trademark Office
Mail Stop Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Ref: Frederick S. Billig Patent Number 7,216,474 B2

Due to the death of Frederick S. Billig, please direct all future correspondence to me at the above address. Attached are Letters of Administration and a Death Certificate.

Sincerely,

Linda A. Baumler



IN THE CIRCUIT COURT FOR PALM BEACH COUNTY,
FLORIDA

PROBATE DIVISION

IN RE: ESTATE OF

FREDERICK S. BILLIG,
Deceased.

File No. 502006 CP003372 KKKSB
Division IY

06 JUL -7 PM 8:53
Palm Beach County, FL
Clerk & Comptroller
FILED

LETTERS OF ADMINISTRATION
(multiple personal representatives)

TO ALL WHOM IT MAY CONCERN:

WHEREAS, FREDERICK S. BILLIG, a resident of Palm Beach County, Florida, died on June 1, 2006, owning assets in the State of Florida, and

WHEREAS, LINDA A. BAUMLER and FREDERICK T. BILLIG have been appointed Personal Representatives of the estate of the decedent and have performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare LINDA A. BAUMLER and FREDERICK T. BILLIG duly qualified under the laws of the State of Florida to act as Personal Representatives of the estate of FREDERICK S. BILLIG, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

Ordered on July 07, 2006.



STATE OF FLORIDA • PALM BEACH COUNTY

I hereby certify that the foregoing is a true
copy as recorded in my office and the
same is in full force and effect.

THIS 7 DAY OF July, 2006
SHARON R. BOCK
CLERK & COMPTROLLER

By [Signature]
DEPUTY CLERK

[Signature]
GARY L. VONHOF
Circuit Judge

VALID ONLY
WITH
IMPRESSED
SEAL

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A
RECORD ON FILE IN THE DIVISION OF VITAL RECORDS

DATE ISSUED:
JUN 28 2006

Gene S. Spauls
STATE REGISTRAR OF VITAL RECORDS

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

Amend Items: 10a b c d e f g h i j k l m n o p q r s t u v w x y z
State of Maryland, Department of Health and Mental Hygiene 2006 17354
Amend item: 26 per M.D 6/28/06 r.h.

1- For State Registrar Certificate of Death Reg. No.

Physician /Medical Examiner	1. Decedent's Name (First, Middle, Last) Frederick Stucky Billig	2. Date of Death Month Day Year June 1, 2006	3. Time of Death 3:10 AM		
	4a. Facility Name (If not institution, give street and number) 15020 Rolling Hills Drive	4b. City, Town, or Location of Death Glenwood	4c. County of Death Howard		
Funeral Director	5. Social Security Number 577-44-4647	6. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	7. Age (In yrs. last birthday) 73 Yrs.	8. Date of Birth (Month, Day, Year) Feb. 28, 1933	9. Birthplace (State or Foreign Country) Pennsylvania
	Usual Residence of Decedent				
To Be Completed by Funeral Director	10a. State Florida	10b. County Palm Beach Co.	10c. City, Town or Location Glenwood Jupiter		10d. Inside City Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	10e. Street and Number 904 Mainsail Circle 15020 Rolling Hills Drive		10f. Zip Code 33477 21738		10g. Citizen of What Country? USA
To Be Completed by Physician/Medical Examiner	11. Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced	12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Give Year or Dates:		13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify:	
	14. Race - American Indian, Black, White, etc. Specify: White		15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4or 5+) <input checked="" type="checkbox"/> 5+		
To Be Completed by Physician/Medical Examiner	16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Aerospace Engineer		16b. Kind of Business/Industry Engineering Firm		
	17. Father's Name (First, Middle, Last) Thomas Clifford Billig		18. Mother's Name (First, Middle, Maiden Surname) Melba Helen Stucky		
To Be Completed by Physician/Medical Examiner	19a. Informant's Name/Relationship (Type, Print) Linda Baumler/daughter		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12310 Hungerford Manor Ct. Monrovia, MD 21770		
	20a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of cemetery, crematory or other place) Chesapeake Crematory		20c. Location - City or Town, State 06/02/06 Beltsville, Maryland
To Be Completed by Physician/Medical Examiner	21. Signature of Funeral Service Licensee <i>Beverly L. Heckrotte</i>		22. Name and Address of Facility Going Home Cremation Service P.O. Box 784 Beverly L. Heckrotte, P.A. Clarksville, MD 21029		
	23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) a. Metastatic Esophageal Carcinoma Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last b. Due to (or as a consequence of): c. Due to (or as a consequence of): d. Due to (or as a consequence of):		Approximate Interval Between Onset and Death 18 months		
To Be Completed by Physician/Medical Examiner	IF FEMALE: 23b. Was decedent pregnant in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		23c. If yes, outcome of pregnancy <input type="checkbox"/> Live birth <input type="checkbox"/> Fetal death <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Other (Specify)		23d. Date of delivery Month Day Year
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				
To Be Completed by Physician/Medical Examiner	24. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. Place of Death (Check only one) second home Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> DOA Other: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
	26. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		27. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 28d. Describe how injury occurred 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State)		
To Be Completed by Physician/Medical Examiner	29a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.		29b. Signature and title of Certifier <i>Thomas E. Dooley</i>		
	29c. License number ED16458		29d. Date signed (Month, Day, Year) June 1, 2006		
To Be Completed by Physician/Medical Examiner	30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Thomas E. Dooley, M.D. 17904 Georgia Ave. #304 Olney, MD 20832		31. Date filed (Month, Day, Year) JUN 02 2006		
	32. Registrar's Signature <i>Gene S. Spauls</i>		33. Date of Death June 1, 2006		

Baltimore, Maryland 21215-0036

Division of Vital Records, P.O. Box 68760,

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